

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097806939

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5		2		/		
6		2		/		
7		2		/		
8	/		/			
9		/		/		
10		2		/		
11		2		/		
12		2		/		
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	17	→	9	→		→
TOTAL CLAIMS	21		12			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		→		→		→
TOTAL CLAIMS						

(13)

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS